

VR-53
CHECK IN/OUT FORM

Name _____ Rate/Rank _____ Sponsor _____

Date Reported/Departed _____ WC/Number _____ EXT _____

Address _____ City/State _____ Zip Code _____ Telephone _____

DATE	INIT	
_____	_____	Commanding Officer
_____	_____	XO
_____	_____	Command Master Chief
_____	_____	Department Head
_____	_____	CCC/Mentoring Program
_____	_____	Medical
_____	_____	Admin/PLR
_____	_____	Provide Transfer Eval to Admin upon Check-in
_____	_____	Security Brief/Debrief
_____	_____	ESD
_____	_____	Legal Officer
_____	_____	DAPA
_____	_____	Command Financial Specialist
_____	_____	Urinalysis Coordinator
_____	_____	Command Fitness Leader
_____	_____	Watchbill Coordinator
_____	_____	Safety
_____	_____	Training
_____	_____	Anti-Terrorism Officer
_____	_____	Operations Travel Clerk
_____	_____	Government Passports
_____	_____	GTC Coordinator
_____	_____	NATOPS
_____	_____	EAWS Coordinator
_____	_____	IT Department
_____	_____	Ground Safety Coordinator
_____	_____	FOD Program Manager
_____	_____	Work Center 130
_____	_____	Tool Room
_____	_____	Work Center 050
_____	_____	NALCOMIS Administrator
_____	_____	NSIPS (SELRES ONLY)
_____	_____	NRWS (SELRES ONLY)
_____	_____	ACCEPTANCE JCN (AIRCREW ONLY)
_____	_____	7D DOC (AIRCREW ONLY)
_____	_____	ERMS (W/C 200 - AIRCREW ONLY)

Return this form back to the Career Counselor no later than _____.

The data contained herein is protected by the Privacy Act of 1974.
All measures required to protect this information should be taken.

VR-53 1040/4 (08-10)

Encl (1)